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# TRANSMITTAL FORM

Application Number	<b>10/523353</b>
Filing Date	<b>3/7/2005</b>
First Named Inventor	<b>Qing Yang</b>
Art Unit	<b>1631</b>
Examiner Name	<b>NEGIN, RUSSELL SCOTT</b>
LUMEN Docket Number	<b>APL-101/US</b>

## ENCLOSURES (Check all that apply)

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> Small Entity Claimed                       | <input type="checkbox"/> Reply to Missing Parts/<br>Incomplete Application           | <input type="checkbox"/> Certified Copy of Priority Doc(s)                         |
| <input checked="" type="checkbox"/> Fee Attached                               | <input type="checkbox"/> Reply to Missing Parts<br>under 37 CFR 1.52 or 1.53         | <input type="checkbox"/> Terminal Disclaimer                                       |
| <input checked="" type="checkbox"/> Reply / Amendment<br>No. of Pages <u>6</u> | <input type="checkbox"/> Declaration No. of Pages, _____                             | <input type="checkbox"/> Request for Refund  |
| <input type="checkbox"/> After Final   | <input type="checkbox"/> Recordation Cover Sheet &<br>Assignment No. of Pages _____  | <input type="checkbox"/> After Allowance Comm. to TC                               |
| <input type="checkbox"/> Affidavit(s)/Declaration(s)                           | <input type="checkbox"/> Power of Attorney, Revocation<br>Change of Corresp. Address | <input type="checkbox"/> Appeal Comm. to TC<br>(Appeal Notice, Brief, Reply Brief) |
| <input checked="" type="checkbox"/> Information Disclosure Statement           | <input type="checkbox"/> Statement(s) under 3.73(b)                                  | <input type="checkbox"/> Appeal Comm. to Board of<br>Appeals and Interferences     |
| <input checked="" type="checkbox"/> Copies of Cited References                 | <input type="checkbox"/> Copy of Assignment(s)                                       | <input type="checkbox"/> Petition to Revive  |
| <input type="checkbox"/> Drawings No. of Sheets _____                          | <input type="checkbox"/> Power(s) of Attorney  | <input type="checkbox"/> Certificate of Correction                                 |

☐ Other:

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

FIRM NAME	<b>LUMEN PATENT FIRM</b>		
SIGNATURE	<b>/ James E. Parris / Reg.No. 51,135</b>		
PRINTED NAME	<b>James E. Parris</b>		
DATE	<b>11/22/10</b>	REGISTRATION NUMBER	<b>51,135</b>

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below:

SIGNATURE	<b>/ Robert Lodenkamper / Reg.No. 55,399</b>
PRINTED NAME	<b>Robert Lodenkamper</b>
DATE	<b>11/22/10</b>